

Instructions to Complete the Connecticut State Department of Education (CSDE)

AUTHORIZED SIGNATURES CHANGE FORM

The **ED-099 Agreement for Child Nutrition Programs** is the formal agreement between a sponsoring organization and the CSDE to operate one or more of the U.S. Department of Agriculture (USDA) Child Nutrition Programs. When the sponsoring organization's *Agreement* was approved, two originals were signed by the sponsoring organization and the CSDE. One original was returned to the sponsoring organization.

Page 4 of the *Agreement* designates representatives authorized to enter into an agreement with the CSDE and to sign the claim for reimbursement. The *Agreement* is permanent and amended as changes occur. The CSDE recognizes that one or both of the authorized signers will change periodically. **The Authorized Signatures Change Form must be executed whenever one of the two authorized signers changes.** Claims for reimbursement are valid only when signed by authorized signers on file with the CSDE. Board action must occur to make changes to authorized signers so that claims can be signed and submitted, and reimbursement delays are avoided.

- **Date** of the board meeting is when the governing body of the sponsoring organization took action to change one or both of the authorized signers.
- **Signature 1** is the designated representative authorized to sign the *Agreement for Child Nutrition Programs* and to sign claims for reimbursement. The person is head of the governing body, e.g. the chief officer elected or appointed to assume legal responsibility for the organization (Superintendent of Schools, Mayor, Selectman, Corporate President, Chairperson of the Board, Pastor or Commissioner).
- **Signature 2** is authorized only to sign the claims for reimbursement in the absence or incapacity of the first designated individual (Assistant Superintendent, Business Official, Principal, Headmaster, City or Town Manager, Executive Director or Deputy Commissioner).
- **Signature 3** certifies the board action and is not authorized to sign the claim. This must be a different person from signatures 1 and 2 (Secretary of the Board, Town Clerk or Secretary of the Corporation).

Mail the original signed and dated *Authorized Signature Change Form* to:



Child Nutrition Programs
Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
25 Industrial Park Road
Middletown, CT 06457-154.

Questions may be directed to Child Nutrition Programs.

These instructions are available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/signchangeinstr.pdf.
The *Authorized Signature Change Form* is available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/sigchange.pdf.